Name in Full: Jane Adams

Certificate of Death

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 — Month: Oct. — Day: 23 — Age: Y. 1 — M. 4 — D. 23 — Native of: Maryland — Occupation: Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: George Adams — Mother's Name: Jennie Adams

Cause of Death — Primary: Hair lip — Immediate: Inanition

137

How long sick: Since birth

~~Accident, Suicide~~, Homicide

Reported by: Julian Bruer

Address: Annapolis Md — Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Andrew Boselen

Certificete of Death

Dled at Town E. Brooklyn County A. A. MARYLAND

Dete 189 9 Month Oct. Dey 1st Age Y. M. D. | Native of | Occupetion

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Fether's Name

Mother's Name

Cause of Death: Primary Dysentery 84 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. B. Robinson,

Address Brooklyn, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Katie Brice

Certificate of Death

Died at Town: Annapolis County: A A MARYLAND

Date 1899. Month: Oct. Dey: 4th | Age Y. 3 M. 4 D. | Native of | Occupation

~~Male~~ Female ~~White~~ " ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name 7

Mother's Neme Adelle Brice

Cause of Death — Primary: Pertussis & Intermittent Fever — How long sick

Immediate — Accident, Suicide, Homicide

Reported by John Ridout M D

Address Annapolis Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Recd for record
Oct 5th 99

Name in Full

Certificate of Death

Francis L Brown ~~Cat~~

Died at Town Smithville County A.A. Co MARYLAND

Date 1899 Month Oct Day 13 Age Y. 12 M. 2 D. 7 Native of A A Co Occupation child

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife 26

Father's Name Richard L Brown Mother's Name Mary Brown

Cause of Death Primary Inflamatory Rheumatism How long sick two months

Immediate Congestion of Lungs ~~Accident, Suicide, Homicide~~

Reported by Wm Bishop M D

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Thomas Abraham Brown.

Certificate of Death

~~Town~~ County

Died at Anne Arundel Co. MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	10	22	Age			6	Maryland	

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Wm. H. Brown

Mother's Name Julia Dorsey

Cause of Death: Primary Trismus Neonatorum — How long sick 1 day.

Immediate Congestion 140

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full — Certificate of Death

Frank Carpenter —

Died at Town: Annapolis — County: A A — MARYLAND

Date 189 9. Month: Oct — Day: 24th — Age: Y. 7 M. Months D. — Native of — Occupation

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number ~~of children living~~

Husband of
Wife

Father's Name: Jacob Carpenter — Mother's Name: Sarah Carpenter

Cause of Death — Primary: Pertussis & Pneumonia — How long sick: Two weeks with Pertussis

Immediate: 7

Accident, Suicide, Homicide

Reported by: John Ridout M D

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 70893

Name In Full

No Name Barr

Certificate of Death

Died at Town: Annapolis' County: Anne Arundel MARYLAND

Date 189 9 Month: 10. Day: 24 | ~~Age~~ ~~Y.~~ ~~M.~~ ~~D.~~ | Native of Md | ~~Occupation~~

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name James E. Barr | Mother's Name Jane Holliday Barr

Cause of Death — Primary: Still born Infant | ~~How long sick~~

Immediate | ~~Accident, Suicide, Homicide~~

Reported by James B Taylor

Address 17 Duke St Annapolis' Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70988

Attended by Dr. Geo Wells

of Annapolis Md

Seen by Coroner _____

of _____

Information contained in this certificate received from Father of Church

of Annapolis Md

Name in Full: Florence Virginia Chambers

Certificate of Death

Died at — Town: Annapolis — County: A A — MARYLAND

Date 1899 — Month: Oct — Day: 16th — Age: Y. 6 M. Months D. — Native of: Annapolis. — Occupation:

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ Number of children living ~~Yes~~ No

Husband / Wife of

Father's Name: Isaac Chambers — Mother's Name: Jane Snowden

Cause of Death — Primary: Cholera Infantum — How long sick: Two weeks

Immediate: & Bronchitis 82 — Accident, Suicide, Homicide

Reported by: John Ridout M D

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd Oct 11th '99

Name in Full: Mary E Clark

Certificate of Death

Died at: Town: Odenton, County: Anne Arundel, MARYLAND

Date 189: Month 10, Day 28 | Age: Y. 13, M. —, D. | Native of: Maryland | Occupation: School child

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / Wife ~~of~~ 8a

Father's Name: Shelby Clark

Mother's Name: Harriet R Clark

Cause of Death — Primary: Follicular Tonsilitis — How long sick: One week

Immediate: Paralysis of the Heart — ~~Accident, Suicide, Homicide~~

Reported by: J W. Dorsey MD

Address: Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Martha Savage.

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: Oct. Day: 9th Age Y. 45 M. D. Native of: Md. Occupation: Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: Four

~~Husband~~ Wife of Wm H Savage

Father's Name: I do not know Mother's Name: I do not know.

Cause of Death: Primary: Tuberculosis How long sick: Several months

Immediate: Asthenia 22a ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rec'd Oct 10th 1899

Name in Full

Certificate of Death

Adam Davis -

Died at Town: East Port County: A A MARYLAND

Date 1899 Month: Oct Day: 7th | Age Y. 45 M. 11 D. | Native of Kent Co MD | Occupation Deck-Hand

~~Male~~ ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name: Unknown

Mother's Name: Unknown

15-26

Cause of Death: Primary: Blow with a club or blunt instrument

Immediate: Concussion of the brain

How long sick

~~Accident, Suicide~~, Homicide ?

Reported by John Ridout MD

Address Annapolis MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Not Christened Dexter

Died at Town Annapolis County A. A. Co MARYLAND

Date 1899 Month 10 Day 13 ~~Age~~ ~~Y.~~ ~~M.~~ ~~D.~~ Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name John Boyd Dexter Mother's Name Margret Murdock

Cause of Death Primary Premature Birth How long sick dead when born

Immediate 138 N ~~Accident, Suicide, Homicide~~

Reported by James S Taylor

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063

Dr in attendance.
Charles B. Henkel.

My confirmation
from John Boyd Dexter

Name in Full | Certificate of Death

Rusell Figgs

Died at Town: Annapolis County: Anna Arundel MARYLAND

Date 1899 Month: 10 Day: 20 | Age Y.: 1 M.: 11 ~~D.~~ | Native of: Md | Occupation: None

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widow~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of ——————

Father's Name: James H. Figgs. | Mother's Name: Emma Phillips

Cause of Death: Primary ——— 39a | How long sick

Immediate: Meningitis (Acute) | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: W. Clement Claude

Address: 82 Prince Geo. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85868

Name in Full: Rosa Galloway

Certificate of Death

Died at Town: South River County: A A Co MARYLAND

Date 1899 Month: Oct Day: 19 Age Y.: 12 M.: 3 D.: 16 Native of: A A Co Occupation: ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John W Galloway Mother's Name: Eliza Galloway

Cause of Death: Primary: Brights Disease 96 How long sick: one month

Immediate: Convulsions ~~Accident, Suicide, Homicide~~

Reported by: William Bishop M D

Address: 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #5650

Michael Golborowski

Certificate of Death

Died at Town: Brooklyn County: Anne Arundel MARYLAND

Date 189 9 Month: 10 Day: 20 | Age Y. 1 M. 6 D. — | Native of Baltimore | Occupation none

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name: Jacob Golborowski Mother's Name: Helena Golborowski

Cause of Death — Primary: — 19

Immediate: Intermittent Fever

How long sick: 4 months

Accident, Suicide, Homicide

Reported by John H. Rehbergen M.D.

Address #1709 Aliceanna St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Emily Hall

Town

County A. A.

Died at

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 Oct. 29th Age Infant

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Spasms 49 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Swetson Linthicum Jr.

Address 5th Dist. A. A. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Bessie Harris

Certificate of Death

Died at Town: Annapolis County: A. A. Ew. MARYLAND

Date 1899 Month: Oct Day: 10 | Age Y.: - M.: 10 D.: - | Native of: Md | Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name

Mother's Name 140

Cause of Death: Primary: Wasting Disease

Immediate

How long sick: Several mos

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Woolley & Feldmeyer, Undertakers

Address: Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Hobbs

Certificate of Death

Died at Town Annapolis County A. A. Co. (E. W.) MARYLAND

Date 1899 Month Oct Day 13 | Age Y. — M. — D. — | Native of — | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Joseph Hobbs

Mother's Name Emma Dove

Cause of Death: Primary Still born

Immediate

How long sick —

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch MD

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. Renalda Jackson

Town County

Died at Annapolis Anne Arundel MARYLAND

Date 1899 Month Day Oct. 4 | Age Y. M. D. 38 | Native of Md. | Occupation At home

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~

Wife Jesse Jackson 95

Father's Name Franklin Welsh Mother's Name Mary Welsh

Cause of Death: Primary Acute peritonitis & Abs. | How long sick 1 Ok.

Immediate Rupture Obs. & Shock | Accident, Suicide, Homicide

Reported by H. R. Winchester M. D.

Address 47 Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Read for record
Oct 27th 1899

Name in Full — Certificate of Death

Maude Johnson

Died at Annapolis (Town) A.A. Co. (County) Md. MARYLAND

Date 1899 Month Oct Day 18 | Age Y 1 M. 8 D. | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of — / Wife

Father's Name Jacob Johnson | Mother's Name Elizabeth Johnson 71

Cause of Death: Primary Capillary Bronchitis | How long sick 2 weeks

Immediate Convulsions | ~~Accident, Suicide, Homicide~~

Reported by Wm. S. Welch M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65788

Name in Full

Rebecca Johnson

Certificate of Death

Died at Annapolis (Town) A. A. Co (County) MARYLAND

Date 1899 Month Oct Day 1 | Age Y. 11 M. 9 D. 14 | Native of City | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Philip Johnson

Mother's Name Sarah Johnson

Cause of Death: Primary —

Immediate Phthisis Pulm 22a

How long sick

~~Accident, Suicide, Homicide~~

Reported by Wm Bishop M.D.

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Recd for record
Oct 5` 1899

Name in Full

Certificate of Death

Mary C. Linsemeyer.

Died at Town South Baltimore County A.A. Co MARYLAND

Date 1899 Month 10 Day 17 Age Y. 3 M. 7 D. 1 Native of Maryland Occupation Child

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband / Wife of 8a

Father's Name John Linsemeyer Mother's Name Mary Linsemeyer

Cause of Death Primary Diphtheritic-Scarlet fever. How long sick 6 days

Immediate Heart Failure Accident, Suicide, Homicide

Reported by J B Robinson M D

Address Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

William Lomax

Certificate of Death

Died at Town East Port County A A MARYLAND

Date 1899 Month Oct. Day 7th Night Age Y. 55 M. yrs. D. Native of A A County Occupation Oysterman

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living Three

Husband ~~Wife~~ of Priscilla Collins 1526

Father's Name Frederick Lomax Mother's Name Lizzie Johnson

Cause of Death Primary Blow with a Club or Blunt instrument

Immediate Concussion of the brain

How long sick

~~Accident, Suicide~~, Homicide ?

Reported by John Ridout MD

Address Annapolis Md -

Job Griscom, W.
Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Louisa Loyd

Certificate of Death

Died at Town Annapolis County A.A. Co MARYLAND

Date 1899 Month Oct Day 22 Age Y. 22 M. 3 D. 7 Native of A.A. Co Occupation domestic

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife 22a

Father's Name John Blake Mother's Name Matilda Loyd

Cause of Death Primary Phthisis Pulmonalis How long sick 2 months

Immediate Bright's Disease ~~Accident, Suicide, Homicide~~

Reported by William Bishop M D

Address 12 Church Circle Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Recorded
Oct 24 1899

Name in Full | Certificate of Death

Plummer Warder Marcellus

Died Near Fair Haven (Town) Anne Arundel (County) MARYLAND

Date 1899 Month Oct Day 5 | Age Y. 29 M. D. | Native of Virginia | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband ~~Wife~~ of Elizabeth Johnson-Marcellus

Father's Name John Marcellus | Mother's Name Mary Marcus-Marcellus

Cause of Death: Primary Typhoid Fever | How long sick 2 weeks

Immediate Perforation of Bowel | ~~Accident, Suicide, Homicide~~

Reported by Geo W Pembroke M.D.

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088

Name in Full

Certificate of Death

Charles Allen Martin

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: 10 Day: 12

Age Y. 8 M. 11 D. 15

Native of Md

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 22 f

Father's Name Charles R Martin

Mother's Name Catherine Bright.

Cause of Death — Primary: Tuberculosis - General

How long sick

Immediate: Tuberculosis of bladder

Accident, Suicide, Homicide

Reported by W. Clement Claude M.D.

Address 82 Prince Geo., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008

Recd Oct 13 '99

Name in Full

Wm. H. Musterman

Certificate of Death

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month 10 Day 12 Age ~~Y.~~ ~~M.~~ ~~D.~~ Few hours Native of Md ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Don't know I think two.

~~Husband~~ ~~of~~ ~~Wife~~

13 gb

Father's Name Andrew H. Musterman

Mother's Name Katharine Smith

Cause of Death: Primary Premature Birth, Imperfect Foramen Ovale

Immediate Cyanosis.

How long sick Few hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd Oct 13 99

Name in Full

Certificate of Death

Lilian Keary Parsons.

Died at Annapolis Town, Anne Arundel Co., MARYLAND County

Date 1899 Month Oct. Day 19th | Age Y. 30 M. 5 D. 13 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

Husband ~~Wife~~ of Chas. A. Parsons 22 f

Father's Name Wm. J. Sanders

Mother's Name Keary E. Hoover

Cause of Death: Primary Tuberculosis General — How long sick 4 months.

Immediate Asthenia — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. H. Thompson M.D.

Address 43 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65565

Name In Full: Ellie E. Pettibone

Certificate of Death

Died at: Town: Annapolis Junct County: A.A. MARYLAND

Date 1899 Month: 10 Day: 12 Age: ~~Y. M. D.~~ 2 hrs Native of: Md Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name: Mark Pettibone Mother's Name: Ellie E. Pettibone

Cause of Death: Primary: Premature birth — How long sick

Immediate: 138 N ~~Accident, Suicide, Homicide~~

Reported by: [illegible] M.D

Address: Savage Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full | Certificate of Death

Mary Amelia Pinkney

Died at Town: Annapolis, County: Anne Arundel MARYLAND

Date 1899, Month: October Day: 5th | Age Y. 92, M. 7, D. 17 | Native of Annapolis | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

57

Father's Name: Ninian Pinkney

Mother's Name: Amelia Grason

Cause of Death:
- Primary: Senility & Organic Cardiac Disease — How long sick: Many Years
- Immediate: Exhaustion & Blood Poisoning — ~~Accident~~, Suicide, Homicide

Reported by: William G. Ridoub, M.D.

Address: Annapolis, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Dec 5th 1899

Name in Full

Certificate of Death

Earl Rawlings

Died at Town: Eastport County: A. A. Co MARYLAND

Date 189 9 Month: Oct Day: 20 | Age Y. 2 M. 6 D. — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Tilghman S. Rawlings | Mother's Name Maria Redmond

Cause of Death: Primary Meningitis 39 a | How long sick 1 week

Immediate Exhaustion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Maggie Roberts

Certificate of Death

Died at Town Brooklyn County Anne Arundel MARYLAND

Date 189 9 Month Oct. Day 21st Age Y. 16 M. 2 D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Typhoid fever

Immediate

How long sick 28 Das.

Accident, Suicide, Homicide

Reported by Dr. Chas. H. Brooks

Address Brooklyn, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898